

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

NPS
Accident No.

Shaded Areas To Be Used By Data Processing Only

Sheet _____ of _____ Sheet(s)

Microfilm No. _____

Local Case No. _____

LOCATION AND TIME	Date	Time	AM PM	Day of Week M T W TH F S S	County	City	Rural	Highway Classification: I—Interstate F—Federal	S—State C—County	M—Municipal P—Private Prop. Q—Other	Local Zone													
	Month	Day	Year																					
	On Street, Road or Highway		At Intersection of or Between (Node 1)				And (Node 2)		NONCOLLISION EVENT															
	Street or Road Code		1 Node 1 2 Node 2 N - Not Int. Related		Control Access Highway Loc.		Prime Contr Unit No		COLLISION EVENT															
UNIT NO LEFT SCENE COM VEH	Driver Full Name		Street Address		City and State		ZIP	Telephone No.																
	D B		Race		Sex	DL State	Driver License No.	DL Class	DL Status	List Restrictions Not Complied With	CDL Status	List Endorsements Not Complied With	Residence Less Than 25 Miles Yes No											
	Place of Employment		Liability Insurance Co		Social Security No																			
	Driver Condition: 1 - No Defect 2 - Apparently Asleep		3 - Fatigued 4 - Ill		8 - Other 9 - Unknown		Subriety	Officer's Opinion:	Alcohol: Drugs:	Yes No	Type Test Given:	9 - No Test	1 - Blood Test 2 - Breath Test 3 - Urine Test 4 - Unable to Administer 5 - Refused Test	Test Results										
UNIT 1 VEHICLE	Maneuver		Travel Road Name		Road Code		Travel Direction N E S W A-Not on Rd U-Unk		Other Contr Circumstance		Prime Harm Event		Event Loc											
	Veh Year		Make	Model	Body	V.I.N.	License Tag Number		State		Year													
	Owner's Name		Street or R.F.D.		City		State		ZIP															
	Type		Usage		Hazardous Cargo		Attachment		Contributing Defect		Circle areas Damaged On Diagram													
UNIT NO LEFT SCENE COM VEH VEHICLE OR PEDESTRIAN	Speed Limit		Est. Speed		Citation Offense Charged		Damage Severity		Vehicle Towed Away?		Occupants in Unit		Enter Point of Initial Impact											
	Vehicle Towed By Whom:		To Where:																					
	Driver/Pedestrian Full Name		Street Address		City and State		ZIP	Telephone No.																
	D B		Race		Sex	DL State	Driver License No.	DL Class	DL Status	List Restrictions Not Complied With	CDL Status	List Endorsements Not Complied With	Residence Less Than 25 Miles Yes No											
UNIT NO LEFT SCENE COM VEH VEHICLE OR PEDESTRIAN	Place of Employment		Liability Insurance Co		Social Security No																			
	Driver/Ped Condition: 1 - No Defect 2 - Apparently Asleep		3 - Fatigued 4 - Ill		8 - Other 9 - Unknown		Subriety	Officer's Opinion:	Alcohol: Drugs:	Yes No	Type Test Given:	9 - No Test	1 - Blood Test 2 - Breath Test 3 - Urine Test 4 - Unable to Administer 5 - Refused Test	Test Results										
	Maneuver/Action		Travel Road Name		Road Code		Travel Direction N E S W A-Not on Rd U-Unk		Other Contr Circumstance		Prime Harm Event		Event Loc											
	Veh Year		Make	Model	Body	V.I.N.	License Tag Number		State		Year													
UNIT NO LEFT SCENE COM VEH VEHICLE OR PEDESTRIAN	Owner's Name		Street or R.F.D.		City		State		ZIP															
	Type		Usage		Hazardous Cargo		Attachment		Contributing Defect		Circle areas Damaged On Diagram													
	Speed Limit		Est. Speed		Citation Offense Charged		Damage Severity		Vehicle Towed Away?		Occupants in Unit		Enter Point of Initial Impact											
	Vehicle Towed By Whom:		To Where:																					
UNIT NO LEFT SCENE COM VEH VEHICLE OR PEDESTRIAN	Contributing Circumstances		Driver's Action		Ped/Cyclist's Action		Pedestrian's Action		Event Loc															
	01 - Improper Passing		02 - Improper Lane Change/Usage		03 - Improper Turn/U Turn		04 - Following Too Close		05 - Misjudge Stopping Dist		06 - Over Speed Limit		07 - Avoid Object/Person/Veh		08 - Improper Backing		09 - Improper Right of Way		10 - Improper Traffic Control		11 - Improper/No Signal		12 - Fail to Yield Sign/Signal	
	13 - Improper Driving-Environ		14 - Road Defect		15 - Vision Obstruction		16 - Defective Equipment		17 - DUI		18 - Driver Min Speed		19 - Improper Load/Size		20 - Improper Attachment		21 - Fail to Yield Right-of-Way		22 - Driver Condition		23 - Wrong Side of Road		24 - Veh Towed/Towed by Veh	
	25 - Veh Pushed by Person		26 - Veh Left Road		27 - Driver Not in Control		28 - Load Shift		29 - Parts/Cargo from Veh		30 - Ped Violation		31 - Veh Wgt/Prd/Length		32 - Ped Under Influence		33 - Illegal/Improper Parking		34 - None		35 - Other		36 - Unknown	
37 - Go Straight Ahead		38 - Pass on left		39 - Pass on right		40 - Go Straight-Left Turn Lane		41 - Go Straight-Right Turn Lane		42 - Change Lanes-Left		43 - Change Lanes-Right		44 - Merge-Left		45 - Merge-Right		46 - Wrong Side of Road		47 - Wrong Way		48 - 1 Way		
49 - Right Turn		50 - Left Turn		51 - U Turn		52 - Start from Park		53 - Stop in Traffic		54 - Stopping/Stopping		55 - Stopped in Traffic		56 - Avoid Object in Road		57 - Longing Private Pass/Property		58 - Ped/Cyclist Side with Traffic R Road		59 - Ped/Cyclist Side with Traffic L Road		60 - Traffic Sign Against Traffic in Rd		
61 - Ped/Cyclist Ride Against Traffic Lft Rd		62 - Ped/Cyclist Ride Across Road		63 - Ped/Cyclist Hide in Blind Path		64 - Enter Parked Position		65 - Get on/off Vehicle		66 - Push/Walk on Vehicle		67 - Get on Road-Other Veh		68 - In-Road-Other		69 - Not in Road		70 - Other		71 - Unknown		72 - Unknown		
73 - Cross/Inter-Intersection		74 - Cross/Enter Other		75 - Walk in Road-Both Traffic		76 - Walk in Road-Against Traffic		77 - Start in Roadway		78 - Start in Roadway		79 - Push/Walk on Vehicle		80 - In-Road-Other Veh		81 - Not in Road		82 - Other		83 - Unknown		84 - Unknown		
85 - On Roadway		86 - Off Roadway		87 - Median		88 - Oncoming		89 - Private Road/Property		90 - In Intersection		91 - In Intersection		92 - In Intersection		93 - In Intersection		94 - In Intersection		95 - In Intersection		96 - In Intersection		

[illegible]

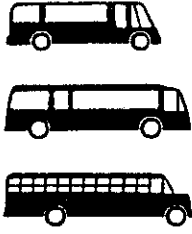
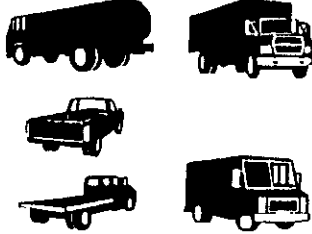
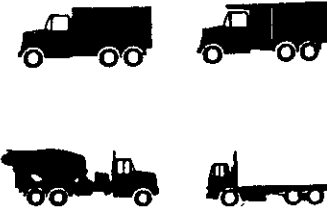





Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

AST-34T
1/94

Unit No. _____
(same as on main report)

Sheet _____ of _____ Sheets

General Instructions					
<p>Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria:</p> <ol style="list-style-type: none"> The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and; The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave. 					
Screening Information					
<p>Number of Qualifying Vehicles:</p> <p>Trucks with 6 or more tires or Haz/Mat placard _____</p> <p>Buses designed to carry 16 or more (including driver) _____</p> <p style="text-align: center;">Number of vehicles towed from scene due to damage or provided assistance _____</p>			<p>Number of Persons:</p> <p>Sustaining fatal injuries _____</p> <p>Transported for immediate medical treatment _____</p>		
Vehicle Information					
<p>Gross Vehicle Weight Rating (GVWR)</p> <p>A. Truck, tractor or bus _____</p> <p>B. Trailer or trailers (total) _____</p> <p>Total GVWR for unit (A+B) _____</p> <p>Total number of axles _____</p>		<p>Hazardous Material Involvement</p> <p>Did vehicle have a Haz/Mat placard ____ Yes ____ No</p> <p>If Yes, include following information from placard</p> <p style="margin-left: 40px;">A. Name or 4-digit number from diamond or box _____</p> <p style="margin-left: 40px;">B. The 1-digit number from bottom of diamond _____</p> <p>Was hazardous material released from THIS vehicle's cargo? ____ Yes ____ No</p>			
<p>Vehicle Configuration (circle one number)</p> <p>1. Bus 2. Single unit truck (2 axles/ 6 or more tires) 3. Single unit truck (3 or more axles)</p> <p>4. Truck with trailer 5. Truck tractor only (bobtail) 6. Tractor with semi-trailer 7. Tractor with double trailers</p> <p>8. Tractor with triple trailers 9. Unknown class heavy truck 0. Any other 4-tired vehicle</p>					
<p>Cargo Body Type (circle one number)</p> <p>1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dump</p> <p>6. Concrete mixer 7. Auto transporter 8. Garbage/ refuse 9. Other _____</p>					
Motor Carrier Information					
<p>NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section</p> <p>Carrier Name _____</p> <p>Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other</p> <p>Carrier mailing address (Street or P.O. Box) _____</p> <p>City, State, Zip _____</p> <p>Carrier Identification Numbers (_____ None = 0)</p> <p>US DOT _____ ICC MC _____ STATE NO. _____ STATE _____</p>					
Sequence of Events					
<p>Note: for THIS vehicle – list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____</p>					
EVENT CODES	<p>Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway</p> <p style="margin-left: 100px;">5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision</p>				
	<p>Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train</p> <p style="margin-left: 100px;">13. Pedalcycle 14. Animal 15. Fixed object 16. Other object</p>				
Signature of Reporting Officer		Officer ID	Reporting Police Agency ORI	Date	Time AM PM MT

Definitions		
<p align="center">Truck</p> <p>A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:</p> <ul style="list-style-type: none"> • Have at least 6 tires on the ground, or • Carry a Hazardous Material Placard. <p align="center">Bus</p> <p>A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.</p> <p align="center">Trailer</p> <p>A non-power vehicle towed by a motor vehicle.</p>	<p align="center">Reportable Accident</p> <p>A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:</p> <ul style="list-style-type: none"> • One or more fatalities, or • One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or • One or more of the vehicles being removed from the scene as a result of disabling damage, or • One or more vehicles requiring intervening assistance before proceeding under its own power. 	
Typical Vehicle Silhouettes		
<p>1. Bus</p> 	<p>2. Single unit truck - 2 axles / 6 tires</p> 	<p>3. Single unit truck - 3 axles</p> 
<p>4. Truck with trailer</p> 	<p>5. Truck tractor (bobtail)</p> 	<p>6. Tractor with semi-trailer</p> 
<p>7. Tractor with double trailers</p> 	<p>8. Tractor with triple trailers</p> 	
Typical Hazardous Material Placards		
